

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

ATTN: DOCKETING DEPARTMENT

101 EXECUTIVE CENTER DRIVE

COLUMBIA, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

(Office # 803-896-5100)

(Fax # - 803-896-5199)

CLASS C - NON-EMERGENCY

DATE 06-19, 20 06APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Southern Alternative Transportation LLC

2. (a) Street Address of Applicant 5877 Charleston Hwy

Bowman S.C. 29018

- (b) Mailing address, if different from street address 5548 Vance Road

Bowman S.C. 29018

- (c) Telephone Number 803-829-1231 SS No. \_\_\_\_\_

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

David W. Padarvis III 5877 Charleston Hwy Bowman 33.3%

Kevin L. Padarvis 315 Mill Pond Road Bowman 33.3%

Wesley E. Padarvis 237 Holston Road Bowman 33.3%

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.
7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

# **BALANCE SHEET**

Balance at Time Application is Filed:  
Month: June Year: 06

<b>Assets:</b>	
Cash	300 <sup>00</sup>
Receivables	—
Real Estate	—
Buildings and Equipment-Net	—
Motor Vehicles-Net	10,300 <sup>00</sup>
Garage Equipment-Net	800 <sup>00</sup>
Machinery and Tools-Net	—
Supplies on Hand	200 <sup>00</sup>
Prepays and Other Assets	—
<b>Total Assets</b>	11,600 <sup>00</sup>
<b>Liabilities and Equity:</b>	
Accounts Payable	0
Notes Payable	\$4,300 <sup>00</sup>
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
<b>Total Liabilities</b>	\$4,300 <sup>00</sup>
<b>Capital Stock</b>	—
<b>Retained Earnings</b>	—
<b>Total Equity</b>	—
<b>Total Liabilities and Equity</b>	\$4,300 <sup>00</sup>

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA ]

COUNTY OF Orangeburg ]

I, David W. Penwarden III, Owner  
(Name of Applicant's Representative) (Title)

of Southern Alternative Transportation, the Applicant for the Certificate of Public  
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

**SWORN TO BEFORE ME**

At 5548 Vance Road ]

This the 27<sup>th</sup> day of June, 2006 ]

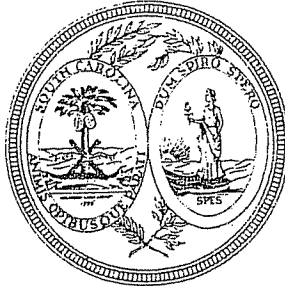
Darlene A. Holt ]  
(Notary Public)

Representative)

Darlene A. Holt  
(Signature of Applicant's

Commission Expires Sept. 22<sup>nd</sup> 2014

# *The State of South Carolina*



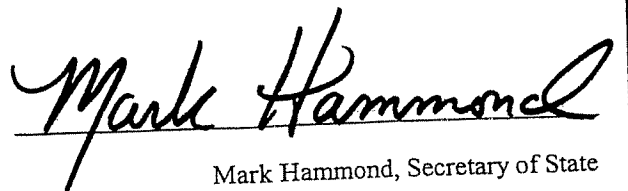
*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

SOUTHERN ALTERNATIVE TRANSPORTATION LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on November 4th, 2005, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
15th day of November, 2005.

  
Mark Hammond, Secretary of State

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Southern Alternative Transportation L.L.C

For the transportation of passengers as follows:

Area to be served: State wideNumber of passengers: 14Fares: Base \$40<sup>00</sup> and \$2<sup>00</sup> Per Loaded mileDate 6-19-06David W. Pennington  
ByOwner  
Title

EXHIBIT D


STATE OF SOUTH CAROLINA  
PUBLIC SERVICE COMMISSION

DESCRIPTION OF EQUIPMENT

VEHICLE NUMBER	MAKE	MODEL & YEAR	SERIAL #	WEIGHT EMPTY	CARRYING CAPACITY *
1	Ford	1998 E-350	1FDWE3057W	HB 12833	/087/14
2	Dodge	1997 3500	2B7KR3125VK	575900	/8000 / 14

\* Seats if passenger carrier or tonnage if freight carrier.

\* Designate if equipped with wheelchair lift

  
(Applicant)

Date: 6-15-06

\_\_\_\_\_  
(Applicant's Representative)

Owner  
(Title)

# EXHIBIT FWA

Name: Southern Alternative Transportation LLC

Address: 5877 Charleston Hwy Downman S.C. 29018

Telephone No. 866-829-1461 Fax No. 803-829-2794

U.S.D.O.T. No. \_\_\_\_\_ ICC No. \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No / Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No /

3. Are there currently any outstanding judgement(s) against Applicant?

Yes \_\_\_\_\_ No /  
(If "yes", indicate nature of judgement(s).)

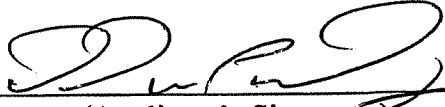
4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes / No \_\_\_\_\_

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes / No \_\_\_\_\_

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

  
(Applicant's Signature)

Sworn to before me

At 5548 Vance Rd

This 27 day of June, 20 06

Darlene A. Holt  
(Notary Public)

Commission Expires: Sept. 22nd 2014

## ***APPLICANT'S OATH***

I, DAVID W. PENABAZO III, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

  
(Applicant's Signature)

*Sworn to before me*  
At 5548 Vance Road

This 27<sup>th</sup> day of June, 2006

Darlene A. Holt  
(Notary Public)  
Commission Expires: Sept. 22<sup>nd</sup> 2014



**INSURANCE QUOTE**

The following insurance quote is for:

Southern Alternative Transportation L.L.C.  
(Name of Motor Carrier)

5877 Charleston Hwy Bowman S.C. 29018  
(Address of Motor Carrier)

\*Note: Bodily injury and property damage limits will not be less than the following:

a. Liability Combined Each Occurrence \$1,000,000  
b. Medical Payments/Each Person \$1,000

**Amount of Premium:**

Liability Insurance \$14,921

The above quoted premiums are for a term of 12 months.

Empire Fire Marine Ins. Co.  
(Insurance Company Name)

13810 FNB Parkway Omaha, NE 68154-5202  
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

06-19-2006 [Signature]  
Date (Authorized Insurance Company Representative)

\*\*\* Form E Certificate of Insurance is required to be filed with the SC Office of Regulatory Staff, Post Office Box 11263, Columbia, SC 29211  
Office # 803 - 737-0800 Fax # 803 - 737-0801

**ACORD** <sup>TM</sup> **CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
06/19/2006

<b>PRODUCER</b> J. M. Keller Insurance 1204 Whiskey Road Suite A Aiken, SC 29803 (803) 649-5148		<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
<b>INSURED</b> DAVID PENDARVIS COMMUNITY TRANSPORT, LLC 5548 VANCE RD. BOWMAN SC 29018-		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: THOMCO INSURER B: INSURER C: INSURER D: INSURER E:	<b>NAIC #</b>      

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR. REISSUE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	CL311911	04/06/2006	04/06/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	CL311911	04/06/2006	04/06/2007	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CERTIFICATE HOLDER**
 SC OFFICE OF REGULATORY STAFF  
 P. O. BOX 11263  
 COLUMBIA

SC 29211-

**CANCELLATION**

AI 000099

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

